| * PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docket Number  845845   |  |  |                 |                      |                                 |                                       |       |                   |                       |       |                     |                        |
|--|--|--|-----------------|----------------------|---------------------------------|---------------------------------------|-------|-------------------|-----------------------|-------|---------------------|------------------------|
|  |  | CLAIMS AS                                    | FILED - PART (  |                      | (Column 2)                      |                                       |       | SMALL ENTITY TYPE |                       | OR    | OTHER               | 1                      |
| TOTAL CLAIMS   |  |  |                 |                      |                                 |                                       | RA    | TE                | FEE                   |       | RATE.               | FEE                    |
| FOR  |  |  | NUMBER FILED    |                      | NUMBER EXTRA                    |                                       | BASI  | BASIC FEE 385.00  |                       | OR    | BASIC FEE           | ,770.00                |
| TOTAL CHARGEABLE CLAIMS  |  |  | minus 20=       |                      | •                               |                                       | XS    | XS 9=             |                       | OR    | XS18=               |                        |
| INDEPENDENT CLAIMS   |  |  | minus 3 =       |                      | *                               |                                       | X     | X43=              |                       | OR    | X86=                |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                                | RESENT          |                      |                                 |                                       |       | +145=             |                       | OR    | +290=               |                        |
| * "  | the difference                                 | in column 1 is I                             | ess than ze     | ro enter             | r "O" ın cö                     | "0" ın cólumn 2                       |       | TOTAL             |                       | OR    | TOTAL               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  |  |  |                 |                      |                                 |                                       | 10    | IAC.              | L                     | J.O'' | OTHER               | THAN                   |
|  | CI   | _AIMS AS A<br>(Column 1)                     | ·               |                      |                                 | (Column 3)                            | , SM  | AĻL               | ENTITY                | OR    | SMALL (             |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT             |                 | NUM<br>PREVIO        | BER<br>OUSLY                    | PRESEUT<br>EXTRA                      | R/    | \TE               | ADDI<br>TIONAL<br>FEE |       | RATE                | ADDI<br>TIONAL<br>FEE  |
|  | Total  | * 7_9  | Minus           | 3                    | ,9                              |                                       | XS    | X\$ 9=            |                       | OR    | XS+8                |                        |
|  | Independent                                    | . 4  | Minus           | ***                  | 3                               | = .                                   | ] X   | 13=               |                       | OR    | X86=                |                        |
| Ā  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                      |                                 |                                       | ]     | 45=               |                       | OR    | +290=               |                        |
|  | (Column 1) (Column 2) (Column 3)               |  |                 |                      |                                 |                                       |       | TOTAL             |                       | OR    | TOTAL<br>ADDIT: FEE |                        |
|  |  |  |                 |                      |                                 |                                       |       | T FEE             | L                     | .1    | AUDIT TEE           |                        |
| AMENDMENT B  |  | .(Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | HIGH<br>NUN<br>PREVI | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA                      |       | ςτE               | ADDI<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •  | Minus           | **                   |                                 | · ·                                   | X     | Sign              |                       | JOR   | X\$18⊨              |                        |
|  | Inaependent                                    | *  | Minus           | ***                  |                                 | =                                     | _  ×  | 43=               |                       | OF    | X86=                |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                      |                                 |                                       |       | 45=               | 1                     | OR    | +290≔               |                        |
|  |  |  |                 |                      |                                 |                                       |       | TOTAL             | -                     | -     | TOTAL<br>ADDIT FEE  |                        |
|  |  |  |                 |                      | · a.                            | · · · · · · · · · · · · · · · · · · · |       | IT FEE            |                       | _1    | AMMA CC             |                        |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  | - % -           | HIG<br>NUI<br>PREV   | IMN 2) HEST MBER HOUSLY D FOR   | PRESENT<br>EXTRA                      | 7 _   | ATE               | AUDI<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus           | <b>**</b> .          |                                 | =                                     | X     | \$ 9=             |                       | OF    | X\$18=              | ,                      |
|  | Independent                                    | *  | Minus           | ***                  |                                 | =                                     | ]: -; | <br>43=           |                       | OF    | X86=                |                        |
| Ā  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                 |                      |                                 |                                       | J.  - |                   |                       | 1     | 000                 |                        |
|  | If the cateuria acti                           | ima 1 je lace than t                         | he entry in col | úmn 2                | ite "0" in co                   | olumn 3.                              | L     | 145=<br>TOTA      | <u> </u>              | OF    | TOTA                | L                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                 |                      |                                 |                                       |       |                   |                       |       |                     |                        |